



Department of Permitting Services
Division of Building Construction
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
<http://www.montgomerycountymd.gov/permittingservices>



Application for Non-Conforming Use

A. Location of Non-Conforming Use:

Street Number: _____ Street Name: _____

Town/City: _____ Zip Code: _____

Nearest Cross Street: _____ Lot: _____ Block: _____

Parcel: _____ Election District: _____

Maryland Real Property Tax Account Number: _____

B. Owner/Tenant Information:

Name of Property Owner/
Contract Purchaser/Tenant: _____

Address: _____

Town/City: _____ Zip Code: _____

Phone #: _____ Email: _____

USE INFORMATION:

Type of Use (be specific): _____

Previous Use (if applicable): _____

Date Use Began: _____

Date(s) of Construction: _____

Property Description: Lot Size: _____ Dimensions: _____

Improvements (Describe All): _____

Present/Former Trade Names of Commercial Use: _____

C. The following information must be submitted at the time of application:

1. Name and Addresses of adjoining and confronting property owners; (identify location of each property owner on the location map.
2. Location map with site identified.
3. Site plan to scale showing the location of all structures and parking
4. Current Photographs of the property including all structures.
5. Evidence sufficient to establish that the use was lawful when established and continues to be lawful, even though it no longer conforms to the requirements of the zone in which it is located because of zoning ordinance or zoning map changes.
6. Evidence sufficient to show continuous use since initial establishment of the lawful use.

D. Affidavit for Non-Conforming Use:

I hereby declare and affirm, under the penalty of perjury, that:

1. I have read and understand Chapter 59, of the Montgomery County Code concerning non-conforming uses and related policies.
2. I understand the conditions and requirements applicable to non-conforming uses.
3. I agree to abide by all the rules and procedures set forth in these documents.

Applicant's Signature

Date

Print Name

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Application Reviewed for Completeness by: _____ Date: _____

Present Zoning Classification _____

Non-Conforming Use: ☐ Approved ☐ Disapproved

Reason for Disapproval:

Reviewing Investigator: _____ Date: _____

Zoning Supervisor: _____ Date: _____